



# Health Services

LOS ANGELES COUNTY

February 2, 2009

## Los Angeles County Board of Supervisors

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TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D.   
Interim Director

SUBJECT: **IMPLEMENTATION OF HMA RECOMMENDATIONS FOR  
MLK MACC – STATUS REPORT**

This is to provide your Board with a status on the Department of Health Services' (DHS or Department) efforts to implement the Health Management Associates (HMA) recommendations to achieve the goal of creating efficiencies and economies of scale for the Southwest Network, including Martin Luther King Jr. Multi-Service Ambulatory Care Center (MLK MACC) and Hubert H. Humphrey Comprehensive Health Center (HHHCHC), and Harbor-UCLA Medical Center (Harbor). This is also in response to follow-up questions posed by Supervisor Antonovich during the November 18, 2008 Board meeting.

HMA provided more than 200 separate recommendations in fifteen deliverable categories, including specific work plans. Over 150 recommendations (76%) have been implemented and completed, an increase of 19% over the last quarterly report. This report is to provide your Board with an overview of what has been accomplished since the last report and is summarized as follows:

### **Ambulatory Surgery Center (ASC)**

- MLK MACC's ASC has requested the State to schedule a survey for its final Centers for Medicaid Services (CMS) certification process to allow ASC to participate in the Medicare reimbursement process.
- Established an ASC referral system which receives referrals from LAC+USC Medical Center, Harbor and HHHCHC.

### **Urgent Care Center**

- While hours of operation will continue to be posted from 8:00 a.m. to midnight, registration hours will be changed in mid-February to begin at 7:00 a.m. and to end at 11:00 p.m. in an effort to reduce late patient entry and use of County and non-County staff overtime thereby reducing costs. Patients arriving after 11:00 p.m. will be triaged and given next day appointments or treated, if urgent care is indicated.
- Urgent Care nurses have been trained and are now responsible for administering respiratory treatments.

## **Organizational Structure and Process**

- Planned ancillary services orders are being utilized by all clinics to achieve the goal of reduced paperwork.
- Consolidated two individual Occupational Employee Health Clinics (one each for the MLK MACC and the HHHCHC) into a single clinic located at the MLK MACC. Efforts continue to relocate services in proximity to onsite Human Resources in order that clerical staff can be shared as well.

## **Referral Center**

- Monthly reports from the DHS Referral Processing System (RPS) are being utilized to evaluate external referral patterns, specialty care demands and overall capacity. This information will drive how clinics and associated hours are changed, i.e., expanded or contracted, in order to meet the demand for appointments.
- Monthly Cluster meetings with the leadership of HHHCHC, Dollarhide Clinic and the MLK MACC have been established to assess issues/problems, share information and experiences, and promote best use of RPS.

## **Community Assessment**

In response to Supervisor Antonovich's question regarding the status of the Department's evaluation of services to ensure alignment with community need, the Department reviewed a number of previous reports, including the HMA recommendations, which have analyzed the South Los Angeles Area and specifically SPA 6. All of these reports have focused on the need for management of chronic diseases. The following provides more detail on how these services are provided and how specific clinics are aligned to meet the needs of the patient seeking care from the surrounding communities.

Many patients with chronic diseases are managed in either the Adult Medicine Clinic or the Geriatrics Clinic by board certified physicians or by physician assistants (PAs) who work under the direct supervision of the physicians. Providers in these clinics are highly qualified to care for hypertension, diabetes, heart disease, asthma, and many other common chronic conditions. The MLK MACC Adult Medicine Clinic currently has one physician, one PA and one recently vacated physician specialist item. Geriatrics Clinic has three physicians and one PA who staff the clinics at both the MLK MACC and HHHCHC as well as participate in the Elder Abuse Program. The geriatricians also rotate to the MLK-MACC Adult Medicine Clinic in order to accommodate the patient demand for services.

The ability to provide primary care services at the MLK-MACC is limited by the number of staff allocated to primary care; patient demand for primary care surpasses the current capacity. Frequently, this leads to patients seeking primary care in the MLK MACC Urgent Care Center. Primary care providers at both the MLK-MACC and in Public Private Partnership Clinics (PPPs) refer patients to the MLK MACC's specialty care clinics for chronic diseases, particularly when they are difficult to manage.

The MLK-MACC operates a Diabetes Clinic that uses the DHS approved Clinical Resource Management (CRM) protocols. Two nurse practitioners and two PAs manage diabetic patients using standardized protocols under the supervision of an Endocrinologist. The current wait time for an appointment in the Diabetes Clinic is one day. Patients with difficult to control hypertension are seen in the Renal/Hypertension Clinic. This clinic is staffed by one physician and the wait time for an appointment in this clinic has been reduced to three days.

Cardiology services are utilized at the MLK MACC to assist in the diagnosis and management of heart disease. A needs assessment conducted by the PPPs identified cardiology as the most frequently requested specialty. The MLK-MACC has two physician specialists staffing the Cardiology Clinic, which includes cardiac stress testing as well as interpreting and dictating the results. The wait time for a routine follow up appointment is approximately three months. Medical Administration is currently working to bring a contract cardiologist on line to assist with the increasing demand for cardiology services.

Asthma is successfully managed in several clinics of the MLK-MACC: General Pediatrics and Community Health Plan (CHP) Pediatrics for children; and Adult Medicine, Adult CHP, Geriatrics, and Pulmonary for adults. In addition, primary care clinicians manage simple asthma patients but refer difficult diagnostic or treatment cases to the Pulmonary Clinic with a current wait time of less than two months. The MLK-MACC is able to conduct pulmonary function testing on site but currently does not have access to a sleep lab to rule out sleep apnea; patients are referred to Harbor for this service.

Podiatry services are not available at the MLK MACC at this time; referrals are made to LAC+USC and Harbor.

The MLK MACC will continually monitor, assess and trend the incidence of disease and treatment needs in the community to ensure that program adjustments are made accordingly, thereby maximizing impact on the health of the community despite limited resources.

The remaining HMA recommendations (24%) are in various states of completion. MLK MACC staff meets bi-monthly with DHS and CEO staff to ensure documentation supports progress on achieving individual deliverables. The new report to your Board will be May 4, 2009.

If you have any questions or need additional information, please let me know.

JFS:es

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors